

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Force and Counterforce

TO THE EDITOR: My sincere thanks for the splendid "fourth leader" on "Force and Counterforce," which appeared in the August issue. I have seldom read a better medical editorial, and indeed I use the term "fourth leader" as the elegant style reminded me of the Swiftian leaders which used to appear in the *London Times*. When I was a younger man, we used to look forward to these every week when the Sunday paper arrived.

I agree with you wholeheartedly that this is not the time to dismount Dresden bulls, as both the shop and its contents must be preserved.

I well recall the manner in which "they" in the United Kingdom introduced the National Health Service Bill—a Conservative measure and one of Churchill's pets. The profession of medicine was neatly divided into the very old, to whom pensions were guaranteed, and the very young, to whom a reasonable early income was offered. After having gotten out these two rather forceful segments of the medical profession it was quite easy for Bevan to drive his "coach and four" through the rest of a disjointed profession. If only we would learn from previous experience, and wouldn't have to repeat the same mistakes.

Again my thanks, combined with congratulations, on your exposition of Swift's famous epitaph "saeva indignatio."

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An Alternative to Home Monitoring in Hypertension

TO THE EDITOR: When measuring blood pressure we have become more and more aware of an element of uncertainty. As Page¹ has recently stated, the technique had been so well established and is so simple that, for many years, results had been rarely suspected of being inaccurate.

Some of the errors in management of hypertension can no doubt be avoided by a program of

home measurement especially when the four points advanced by Unger² are observed. Still, it may be argued that home reading of blood pressure is too invasive; as a morbid intrusion it tends to distort home life.

This, therefore, is to report a third alternative which I have found most satisfactory in identifying hypertensive patients, as well as in management:

Patients are advised to have their blood pressure checked by an office nurse on two or three occasions *between* consultations. In order to avoid factors of anxiety and of anticipatory suspense, it is proposed to adopt the following four provisos dictated by common sense as well as by experience.

1. Patients make the trip not as a special visit to the physician's office but combine it casually with shopping or other errands—and without an appointment.

2. Avoiding the waiting room with its conditioning atmosphere, they knock at the exit door, are speedily admitted and leave expeditiously.

3. The thought of adding to the bill might affect the blood pressure. In order to get this service free, patients have agreed not to ask a single question about the result and not to expect comments during the drop-in visit. Thus, expectative buildup of blood pressure will be minimal. They have been forewarned that, should they violate this stipulation, a fee for the service will be charged.

4. Patients drop in preferably in the morning hours.

I have used this drop-in method for more than 25 years and rarely feel the need for home monitoring. At times there have been substantial differentials between the consultation pressures and the lower "drop-in" pressures.

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REFERENCES

1. Page IH: Egregious errors in the management of hypertension. *JAMA* 236:2621-2622, Dec 6, 1976
2. Unger C, Norcross J: Blood pressure management at home (Letter to Editor). *JAMA* 237:2603, Jun 13, 1977